



MIDTERM REVIEW CHECKLIST

COMPANY		CSMO/NPDES No.	
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This checklist shall be completed when reviewing the success of the approved plans, relative to the permit's compliance with the regulations and performance standards. For each item on the checklist, place an "X" in the appropriate column. Under "**Comments**", each remark should be correlated to the appropriate item number.

Please refer to the "Application for Coal Surface Mining and Reclamation Operations" (DMLR-PT-034e) when reviewing the following sections. Check "Yes" if the plans are in compliance; "No" if the plans are deficient (then explain in the applicable portion of the comment section); or "N/A" if not applicable.		Field Review		
		Yes	No	N/A
I.	General Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II.	Administrative Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III.	Site Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV.	Geology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V.	Hydrology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI.	Probable Hydrologic Consequences (PHC)/Hydrologic Reclamation Plan (HRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII.	Land Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII.	Fish and Wildlife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IX.	Soils and Revegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X.	Operations Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XI.	Drainage Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XII.	Sediment Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XIII.	Backfilling / Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XIV.	Excess Materials Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XV.	Toxic Materials Handling Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XVI.	Blasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XVII.	Transportation Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XVIII.	Underground Control Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XIX.	Bonding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XX.	Special Categories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XXI.	Verifications / Certifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Comments: (preface each with the reviewer's initials)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Date: _____ Inspector's Signature: _____